

# IRS efile Signature Authorization

Department of the Treasury  
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>MASTAN VALI SHAIK</b>	Social security number <b>598-94-3152</b>
Spouse's name <b>RESHMA MEERJA</b>	Spouse's social security number <b>APPLIED FOR</b>

**Part I Tax Return Information— Tax Year Ending December 31, 2021 (Enter year you are authorizing)**

Enter whole dollars only on lines 1 through 5

Note: Form 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

1 Adjusted gross income . . . . .	1	120,451.
2 Total tax . . . . .	2	12,480.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	20,255.
4 Amount you want refunded to you . . . . .	4	9,175.
5 Amount you owe . . . . .	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

4	3	1	5	2
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 as my signature on the income tax return (original or amended) I am now authorizing.
- ERO firm name      Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.
- ERO firm name      Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Practitioner PIN Method Returns Only—continue below

**Part III Certification and Authentication— Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial <b>MASTAN VALI</b>	Last name <b>SHAIK</b>	Your social security number <b>598-94-3152</b>
If joint return, spouse's first name and middle initial <b>RESHMA</b>	Last name <b>MEERJA</b>	Spouse's social security number <b>APPLIED FOR</b>
Home address (number and street). If you have a P.O. box, see instructions <b>9416 GROVE SIDE LN</b>		Apt no <b>906</b>
City, town, or post office. If you have a foreign address, also complete spaces below <b>CHARLOTTE</b>		State <b>NC</b>
Foreign country name		ZIP code <b>28262</b>
Foreign province/state/county		Foreign postal code

Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

Standard Deduction  Spouse itemizes on a separate return or you were a dual-status alien  
 Someone can claim:  You as a dependent  Your spouse as a dependent

Age/Blindness You  Were born before January 2, 1957  Are blind Spouse  Was born before January 2, 1957  Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents see instructions and check here▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	120,451.
	2a	Tax-exempt interest . . . . .	2b	
	3a	Qualified dividends . . . . .	3b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	4a	IRA distributions . . . . .	4b	
	5a	Pensions and annuities . . . . .	5b	
	6a	Social security benefits . . . . .	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10 . . . . .	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . . . ▶	9	120,451.
10	Adjustments to income from Schedule 1, line 2b . . . . .	10		
11	Subtract line 10 from line 9. This is your adjusted gross income . . . . . ▶	11	120,451.	
12a	Standard deduction or itemized deductions (from Schedule A) . . . . .	12a	25,100.	
b	Charitable contributions if you take the standard deduction (see instructions)	12b		
c	Add lines 12a and 12b . . . . .	12c	25,100.	
13	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	13		
14	Add lines 12c and 13 . . . . .	14	25,100.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	15	95,351.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	12,480.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	12,480.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0	22	12,480.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	12,480.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	20,255.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	20,255.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC). Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8.	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3 line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	21,655.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	9,175.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	9,175.
Direct deposit? See instructions	b Routing number 053000219 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 7550701119		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst) _____
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst) _____

Phone no (980) 267-4735 Email address MASTAN38@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/25/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no (678) 965-9522 Firm's EIN 30-1017196

# Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR  
 ▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**MASTAN VALI SHAIK**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **598-94-3152**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I** HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions. ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions.	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter.	3	7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs.	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0.	5	7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter.	6	7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7.	8	7,200.
9	Employer contributions made to your HSAs for 2021.	9	1,007.
10	Qualified HSA funding distributions.	10	
11	Add lines 9 and 10.	11	1,007.
12	Subtract line 11 from line 8. If zero or less, enter -0.	12	6,193.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

**Part II** HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions).	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions.	14b	
c	Subtract line 14b from line 14a.	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions).	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here. ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c.	17b	

**Part III** Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule.	18	
19	Qualified HSA funding distribution.	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line.	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d.	21	

# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ For use by individuals who are not U.S. citizens or permanent residents  
▶ See separate instructions

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Before you begin:

• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

Application type (check one box):  
 Apply for a new ITIN  
 Renew an existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a  Nonresident alien required to get an ITIN to claim tax treaty benefit
- b  Nonresident alien filing a U.S. federal tax return
- c  U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d  Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ .....
- e  Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶  
 MASTAN VALI SHAIK 598-94-3152
- f  Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g  Dependent/spouse of a nonresident alien holding a U.S. visa
- h  Other (see instructions) ▶ .....

Additional information for a and f: Enter treaty country ▶ and treaty article number ▶

Name (see instructions)	1a First name	Middle name	Last name
	RESHMA		MEERJA
Name at birth if different ▶	1b First name	Middle name	Last name

Applicant's Mailing Address

2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.  
9416 GROVE SIDE LN Apt 906

City or town, state or province, and country. Include ZIP code or postal code where appropriate.  
CHARLOTTE NC USA 28262

Foreign (non-U.S.) Address (see instructions)

3 Street address, apartment number, or rural route number. Don't use a P.O. box number.

City or town, state or province, and country. Include postal code where appropriate.

Birth Information

4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5  Male  Female

07/18/1994 INDIA

Other Information

6a Country(ies) of citizenship INDIA

6b Foreign tax I.D. number (if any)

6c Type of U.S. visa (if any), number, and expiration date

6d Identification document(s) submitted (see instructions)  Passport  Driver's license/State I.D.  
 USCIS documentation  Other .....

Issued by: INDIA No: U3295318 Exp date: 09/27/2030 Date of entry into the United States (MM/DD/YYYY):

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSIN)?  
 No/Don't know. Skip line 6f.  
 Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRSIN ▶ ITIN IRSIN and name under which it was issued ▶  
 First name Middle name Lastname

6g Name of college/university or company (see instructions) ▶  
 City and state ▶ Length of stay ▶

**Sign Here**

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions) Date (month/day/year) Phone number

Name of delegate, if applicable (type or print) Delegate's relationship to applicant  Parent  Court-appointed guardian  Power of attorney

Acceptance Agent's Use ONLY

Signature Date (month / day / year) Phone Fax

Name and title (type or print) Name of company EIN PTIN Office code

D-400 (50) 8-23-21 2021 Individual Income Tax Return

< Staple All Pages of Your Return and W-2s Here

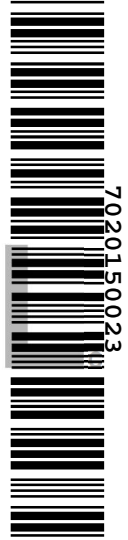
North Carolina Department of Revenue

Amended Return

DOR Use Only

For calendar year 2021, or fiscal year beginning <u>21</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
MASTAN VALI SHAIK RESHMA MEERJA 9416 GROVE SIDE LN 906 Your SSN: 598943152 CHARLOT NC 28262 MECKL Spouse's SSN: APPLIED F		Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased taxpayer. Date of death: _____ Was your spouse a resident for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death: _____		Year spouse died: _____
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	Y	VT	N	SVT	N
SHAI	9416	28262	DS	N	EA	N	TD			SD				FDEXT	N
MASTAN VALI			SHAIK					598943152				MECKL			
RESHMA			MEERJA					APPLIED F	NC	28262					
9416 GROVE SIDE LN							906	CHARLOTTE							
06		120451		16				0	26C			0			
07		0		18	Y			0	26E			0			
09		0		20A			5749		EU						
10A		0		20B				0	27			0			
10B		0		21A				0	29			0			
11	S	Y	I	N				0	30			0			
11		21500		21C				0	31			0			
13		00000		21D				0	32			0			
14		98951		26A				0	34			554			
15		5195		26B				0							
TN	9802674735		PN	6789659522				PP	P02082703						



7020150023

Sign Return Below	<input checked="" type="checkbox"/> Refund Due	554	<input type="checkbox"/> Payment Due	0
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.		<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.		
Your Signature	Date	Spouse's Signature (if filing joint return, both must sign.)	Date	Contact Phone No. (Include area code)
				9802674735
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.				
SYAM PRIYA RAM SAGAR GUPT	01 25 2	6789659522		P02082703
Paid Preparer's Signature	Date	Preparer's Contact Phone Number (Include area code)		Preparer's FEIN, SSN, or PTIN
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640				

Print Name SHAIK

Your Social Security Number 598943152

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	120451
7.	Addition to Federal Adjusted Gross Income	7.	0
8.	Add lines 6 and 7	8.	120451
9.	Deduction from Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	21500
12.	a. Add lines 9, 10, and 11	12a.	21500
	b. Subtract amount on line 12a from line 8	12.	98951
13.	Part Year Resident and Nonresident Allocation Percentage	13.	0.0000
14.	N.C. Allocation Income	14.	98951
15.	N.C. Income Tax	15.	5195
16.	State Credit	16.	0
17.	Subtract line 16 from line 15	17.	5195
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add lines 17 and 18	19.	5195

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	5749
20.	Spouse tax withheld	20.	0

Other Tax Payments

21a.	2021 estimated tax	21a.	0
21.	Child tax credit	21.	0
21c.	Partnerhip	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Return net review payment	22.	0
23.	Total amount	23.	5749
24.	Amended Return net review refund	24.	0
25.	Subtract line 24 from line 23	25.	5749
26a.	Tax Due	26a.	0
26.	Penalty	26.	0
26c.	Interest	26c.	0
26d.	Add lines 26 and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	554

Amount of Refund to Apply to:

29.	Amount of line 28 to be applied to 2022 Estimated Income Tax	29.	0
30.	N.C. Non Game and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Heart and Cervical Cancer Control Program	32.	0
33.	Add lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	554